DOCUMENT RESUME

ED 236 473 CG 017 023

AUTHOR Ramsden, Ralph D.; Jensen, Bernard J.
TITLE Prevention of Marital Dysfunction: Improving Intimate Relationships. The Current Status of Primary Prevention.
PUB DATE Mar 83
NOTE 13p.; Paper presented at the Annual Meeting of the Southeastern Psychological Association (29th, Atlanta, GA, March 23-26, 1983).
PUB TYPE Information Analyses (070) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Counseling Techniques; *Delivery Systems; Divorce; Interpersonal Competence; Interpersonal Relationship; *Marital Instability; Marriage Counseling; *Mental Health; *Prevention; *Program Effectiveness; Social Problems; Spouses; State of the Art Reviews
IDENTIFIERS Premarital Counseling

ABSTRACT

In spite of some initial disappointments, the large number of publications and government services devoted to prevention suggests that preventive mental health has established its place in the mental health delivery system. Prevention is broadly defined as an attempt to reduce the prevalence of a disorder. Traditionally, prevention has been divided into three levels: primary prevention which reduces the rate of a disorder and is applied prior to its onset, and secondary and tertiary prevention which reduce the duration of a disorder. Prevention programs, particularly primary prevention, have been criticized on empirical, economic and moral grounds. Primary prevention techniques appear to be easily and appropriately applied to marital relations. Statistics strongly suggest that marital dysfunction affects all clasres of people and produces problems of major social importance. Prevention programs with marital/couple relationships have typically focused on those planning to be married, those already married, or those in the process of divorce. Religious groups have had a major impact on premarital programs, although other models have been effective. Prevention programs for on-going marital relations emphasize similar goals, i.e., communication and problem-solving skills. Mental health providers have only recently begun to apply prevention strategies as a means of minimizing the negative consequences of divorce. (JAC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED236473

Prevention of Marital Dysfunction:

Improving Intimate Relationships

The Current Status of Primary Prevention

Ralph D. Ramsden

Louisiana State University

Bernard J. Jensen

Louisiana State University

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

X This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Ralph D. Ramsden

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Paper presented at the annual meeting of the Southeastern Psychological Association. Atlanta, Georgia, March, 1983.

CG 017023

Prevention of Marital Dissatisfaction: Improving Intimate Relationships

The Current Status of Primary Prevention

Primary prevention is an area within psychology, and mental health services in general, that has received considerable attention and interest within the last few decades. When the concepts of preventive mental health were first introduced (Caplan, 1964), they were envisioned by some as the next revolution within psychological thought. Progress has been made, but as is often the case with new ideas, the initial enthusiasm and excitement generated outdistanced the technical skills and knowledge needed to effectively apply the programs. In spite of some initial disappointments, the large number of publications in the area of prevention and the emphasis placed on prevention services by state and federal governments suggests that preventive mental health has an established place in the mental health delivery system.

The purposes of this discussion are to briefly review the concepts of prevention, to consider some of the criticisms of prevention programs, and to selectively review prevention programs in the psychological literature withi emphasis on primary prevention strategies used with marital/couple relations.

Prevention may be broadly defined as an attempt to reduce the prevalence of a disorder. Traditionally, prevention has been divided into three levels of intervention; these are primary, secondary, and tertiary prevention. The differences between the three levels relates to the

the time that the intervention is initiated relative to the onset of the disorder. Bloom (1979) described two ways to reduce the prevalence of a disorder, i.e. by reducing the rate of a disorder and by reducing the duration of a disorder. Primary prevention includes those techniques which reduce the rate of a disorder. In other words, the intervention is applied prior to the onset of a disorder. One example of a primary prevention program in mental health is the marital enhancement/preventive programs such as the one to be later described in this discussion. These may be considered to be primary prevention programs, because a primary goal is the reduction of serious marital dysfunction which may lead to divorce or separation.

Secondary and tertiary prevention programs are methods for reducing the duration of a disorder. In secondary prevention, attempts are made to identify a disorder early in its development in order that treatment can be immediately applied, and thereby minimize the negative consequences of the disorder on the person's functioning. As an example, the early childhood screening programs which have been developed in some school systems are attempts to identify and remediate potential learning and/or emotional problems before they develop into more serious disabilities that may affect later academic performance and psychological functioning. Tertiary prevention programs include those strategies treaditionally referred to as clinical services, such as psychotherapy. Tertiary prevention also includes rehabilitation treatments following the alleviation of a disorder. Social skills training for the chronically emotionally disturbed client, assisting the alcohol/drug abuse client in maintaining a chemically free lifestyle, or even teaching a depressed

client coping skills to avoid further recurrences of depression would be examples of rehabilitative programs.

Criticisms of prevention programs:

Prevention programs, and primary prevention in particular, have received much criticism. These criticisms may be roughly grouped into three areas: empirical, economic, and moral. Critics of primary prevention admit that primary prevention has been successfully applied to some very specific organically-based disorders, such as Down's syndrome and general paresis (e.g. Mariner, 1980). In each of these instances, specific antecedents of the disorders have been identified. However, few psychological disorders have single identifiable antecedents. Critics contend that primary prevention programs should not be used before the antecedent causes of disorders are empirically identified. Proponents of primary prevention contend that this is an irrelevant criticism, because psychology does not need to conceptualize these disorders from a medical paradigm (M. Bloom, 1981). In fact, the search for specific antecedents may be inappropriate; instead the more profitable goal is to identify clusters of stressful life events that have been concsistently demonstrated to be associated with the development of adjustment problems. Advocates of primary prevention contend that training clients to cope with stressful life events will minimize and/or alleviate the development of many potential psychological problems.

A second empirical criticism of primary prevention programs is the failure to demonstrate, or even attempt to demonstrate, therapeutic efficacy. While this criticism is valid for some prevention programs, it certainly does not apply to all prevention programs, particularly

several of those in the area of marital prevention (see Markman, Floyd, & Dickson-Markman, 1982, for a relevant review).

Criticisms have also been levelled at the operating costs of primary prevention programs. With the recession economy significantly affecting current mental health delivery services, this issue is important. Critics of primary prevention argue that moneys should be spent to treat identified disorders with methods that have demonstrated efficacy, rather than to fund unproven prevention strategies for unsubstantiated problems.

A final criticism of primary prevention programs is that they have the potential for violating individual freedoms when used indiscriminately. The core of the issue is who decides what is to be prevented. Critics charge that primary prevention can lead to Big Brother intruding into the personal lives of unsuspecting citizens. DeWild (1980) suggests that the moral issues of a prevention program need to be addressed by the citizens who will be affected by the intervention and by the social scientists responsible for the program.

The definitions and criticisms of primary prevention strategies have now been briefly reviewed. The remainder of this discussion will address primary prevention programs for marital/couple relations.

Primary prevention programs for marital/couple relations:

Primary prevention techniques appear to be easily and appropriately applied to marital relations. The vast majority of people marry or engage in a significant couple relationship at least one time in their lives. Therefore, the probability for experiencing a significantly stressful situation is likely for many people. The study of marital

is a good heuristic example for other potential applications of primary prevention, because data have been collected on the incidence and on the more common adjustment problems associated with marital dysfunction. The statistics compiled strongly suggest that marital dysfunction is a significant problem affecting all classes of people and producing problems of major social importance. Bernard Bloom (1978, in M. Bloom, 1981) has summarized some of the major problems correlated with divorce and separation:

1. Separated/divorced patients are over-represented among psychiatric in-patient admissions. The rate is lowest for married persons.

2. Although married and divorced/separated individuals have similar ratios for attempted suicide, more divorced/separated people actually commit suicide.

3. The incidence of death by homocide is 2-4 times greater for divorced persons than it is for single, widowed, or married people.

4. Three times as many divorced persons are killed in motor accidents than are married persons.

5. The incidence of alcoholism is higher among divorced than married persons.

6. It has been estimated that of all people seeking psychological services, over half report problems in their marriages as their primary complaint (Margolin & Christensen, 1981).

Correlational data do not imply causation, and obviously some of these data can be misleading if taken out of context; however, the data consistently indicate that divorced and separated people are at a greater risk for emotional and physical disabilities than are married people.

The high incidence of divorce is an indicator of the significant problem divorce is in contemporary society. Divorce statistics have

shown a steady increase over the last two decades, while the number of marriages has decreased since 1975 (Bloom, in Forgays, 1978). The current rate of divorce is estimated at 50 per 100 marriages, and by 1990 the projected rate will be 63 per 100 marriages. A second index of the prevalence of marital dysfunction is the reports of sexual problems within marriages. It has been reported that 50% of married men and 77% of married women have sexual difficulties such as lack of interest or attraction for their partners (Frank, Anderson, & Pubenstein; cited in Margolin & Christensen, 1978).

The effects of divorce and separation are not limited to the husband or wife, but also affect the immediate and extended families. It has been reported that on the average, at least one child is involved in each divorce (Bloom, in Forgays, 1978). The long-term effects of divorce and separation on the children are unclear, however, there are indications that the children of divorced parents are at a greater risk for developing emotional problems. These children have a higher incidence of maladjusted behaiors in the classrooms (Felner, Stulberg, & Cowen, 1975), and adjustment problems are more frequently manifested through acting out and aggressive behaviors; behaviors which are more likely to be brought to the attention of mental health professionals.

Divorce rate is also negatively impacting on the degree of family support for elderly family members (Binstock, in Joffe & Albee, 1980). That is, when the divorce occurs, the parents of the divorcees are also affected. Divorced persons are generally less able to provide financial and emotional support for their parents when those parents

parents reach retirement. Therefore, life adjustment and psychological adjustment problems may occur for the retired parents and their divorced children.

These various data clearly indicate the need for interventions with couples. Several different preventive marital programs have been offered, and by quite different interest groups. Prevention programs with marital/couple relationships have typically focused on three distinct groups: those couples planning to be married, those already married, and those in the process of divorce or separation. Consistent with the goals of prevention, these various programs are based on the rationale that intervention before a serious problem develops will be more effective than treatment after the onset of the problem.

Religious groups have had a major impact in the premarital programs; in fact, the vast majority of marriage preparation programs have been sponsored by churches (Bader, Microys, Sinclair, Willet, & Conway, 1980; Markman, Floyd, & Dickson-Markman, 1982). Typically, these church-sponsored programs run for three to eight sessions and may involve a couple and the clergy, or a group of couples and the group leader. These programs are rarely evaluated for their effectiveness, although some recent attempts have been made at pre and post wedding comparisons. Church-sponsored programs have emphasized communication skills and conflict resolution training as well as religious instruction.

Premarital preventive programs have not been exclusively limited to religious groups. Markman and his colleagues at Denver (Markman, Floyd, & Dickson-Markman, 1982; Markman, Floyd, Stephen, & Stanley,

1981; Markman & Floyd, 1980) and Ridley and his colleagues at the University of Arizona (Ridley, Avery, Haynes, & Harrell, 1978; Avery, Ridley, Leslie, & Mulholland, 1980) have been prominent in the area of premarital prevention. Markman's model is based on cognitive-behavioral principles and emphasizes training in communication, contracting, and problem-solving skills; Ridley's model is derived from Rogerian principles and emphasizes training in listening skills and self-disclosure. These programs tend to be more structured in their formats than are the church-sponsored programs. As a consequence, these programs have also been more extensively evaluated. The results have generally indicated positive changes or maintenance of acquired skills for the targeted behaviors among couples receining training.

Primary prevention programs for on-going marital relations tend to emphasize the same general goals as the premarital programs, and often these programs are open to non-married couples. Again, the focus of treatment has typically been the training of communication and problem-solving skills, as well as methods for positively influencing spouses. These programs have been reviewed in detail by Markman and Floyd (1980), and one such program will be described by the next speaker.

Mental health profeviders have only recently begun to consider the application of prevention strategies as a means to minimize the negative consequences of the divorce on the divorcing couple and their children. Terms such as "divorce mediation" and "creative divorce" are appearing in the popular press (Krantzler, 1975). Divorce interventions have typically included communication skills and problem-

solving training, although values clarification and group support therapy have also been reported (Kessler, 1978; Young, 1978). At least one of these programs has also included treatment services for the children of the divorcing parents (Young, 1980).

In conclusion, primary prevention programs represent viable mental health treatment alternatives. The prevalence of marital dysfunction and divorce in contemporary society and the serious implications for the personal functioning of the divorcing couple and their children, as well as society as a whole, are indicators of the need for effective prevention programs. The next speaker, Dorothy Van Buren, will describe one primary prevention program that has been effectively used with married and non-married couples. This particular program is based on social learning principles and has as one of its primary goals the enhancement of the relationship.

References

Avery, A., Ridley, C., Leslie, L., & Mulholland, T. Relationship enhancement with premarital dyads: A six-month followup. American Journal of Family Therapy, 1980, 8, 23-30.

Bader, E., Microys, G., Sinclair, C., Willett, E., & Conway, B. Do marriage preparation programs really work?: A Canadian experiment. Journal of Marital and Family Therapy, 1980, 6, 171-179.

Bloom, B.L. Prevention of marital disorders: Recent advances in theory and practice. Community Mental Health Journal, 1979, 15, 179-191.

Bloom, M. Primary prevention: The possible science. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1981.

Caplan, G. Principles of preventive psychiatry. New York: Basic Books, Inc., 1964.

DeWild, D.W. Toward a classification of primary prevention. Community Mental Health Journal, 1980, 16, 306-316.

Felner, R.D., Stolberg, A., & Cowen, E.L. Crisis events and school mental health referral patterns of young children. Journal of Consulting and Clinical Psychology, 1975, 43, 305-310.

Forgays, D.G. (Eds.), Primary prevention of psychopathology: Environmental influences and strategies in primary prevention, Vol. 2. Hanover, New Hampshire: University Press of New England, 1978.

Frank, E., Anderson, C., & Rubenstein, D. Frequency of sexual dysfunction in "normal couples". New England Journal of Medicine, 1978, 299, 111-115.

Joffe, J.M. & Albee, G.W. (Eds.), Primary prevention of psychopathology: Prevention through political action and social change, Vol. 5. Hanover, New Hampshire: University Press of New England, 1981.

Kessler, S. Building skills in divorce adjustment group. Journal of Divorce, 1978, 2, 209-216.

Krantzler, M. Creative divorce: A new opportunity for personal growth. New York: M. Evans, 1974.

Mariner, A.S. Benevolent gambling: A critique of primary prevention programs in mental health. Psychiatry, 1980, 43, 95-105.

Margolin, G. & Christensen, A. The treatment of marital problems. In R.J. Daitzman (Ed.), Clinical behavior therapy and behavior modification, Vol. 2. New York: Garland STPM Press, 1981

Markman, H.J. & Floyd, F. Possibilities for the prevention of marital discord: A behavioral perspective. American Journal of Family Therapy, 1980, 8, 29-48.

Markman, H.J., Floyd, F., & Dickson-Markman, F. Toward a model for the prediction and primary prevention of marital and family distress and dissolution. In S. Duck (Ed.), Personal relationships 4: Dissolving personal relationships. New York: Academic Press, 1982.

Markman, H.J., Floyd, F., Stephen, T., & Stanley, S. Premarital intervention: Conceptual and research issues. Paper presented to the American Psychological Association meeting, Los Angeles, 1981.

Ridley, A.V. & Lamp, L. A two-year follow-up study of a preventive mental health program for preschoolers. Journal of Abnormal Child Psychology, 1981, 9, 455-464.

Young, D.M. The divorce experience workshop: A consumer evaluation. Journal of Divorce, 1978, 2, 37-47.

Young, D.M. A court-mandated workshop for adolescent children of divorcing parents: A program evaluation. Adolescence, 1980, 15, 763-774.